



Our Lady of Grace

Volunteer Registration—VBS

June 11—15 9:00am—12:00pm

Open to students who completed 6th—12th grade
This form must be filled out for volunteers under the age of 18
\$20 per student volunteer to cover the cost of shirt and snacks

Volunteers' Name: _____ Volunteers' Age: _____

Date of Birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Parent / Caregiver's cellphone: _____

Parent / Caregiver's cellphone: _____

Parents email address: _____

Home Parish: _____

Shirt Size: Adult X-Small Adult Small Adult Medium Adult Large Adult XL



In case of emergency, and if this student's parents or guardians cannot be reached, please list an emergency contact (don't list the same person as above):

Name: _____ Phone: _____

Does this student have any special physical, mental, or medical needs, including allergies, that may affect his/her participation in Vacation Bible School?

_____(initials) As the parent or guardian of the above-named student, I hereby grant permission to photograph, videotape and/or record my child for promotion of OLG events.

In case of illness or injury I give permission for the appropriate personnel to obtain medical care for my child.

Signature of Parent or Guardian

Date

Office Use Only:

Payment: _____

Crew: _____